

# INSTRUCTIONS TO THE PLAINTIFF

## HARASSMENT PROTECTION ORDERS

Under Mashpee Wampanoag Tribal Laws Chapters 2 and 4 of the 2018-ORD-008, Tribal Law and Order Ordinance, people who have suffered harassment may ask a judge to issue an Order to protect them from further harassment or abuse. These Orders will be recorded and enforced by law enforcement agencies. They are commonly called Offenses against Persons, Public Welfare and Domestic and Family Violence. In any emergency that occurs after court hours or on weekends, you may ask your local police to put you in contact with a Tribal Court District Court Judge.

### YOU MUST COMPLETE ALL FORMS:

#### 1. PETITION FOR HARASSMENT PROTECTION FORM

To request a Harassment Prevention Order, you must fill out the Petition for Harassment Protection Form and other appropriate forms. You are the "Plaintiff." The person who you allege has harassed you is the "Defendant." Please print in ballpoint pen.

***If either party is under 18.*** You are asked to indicate on the form whether you and the Defendant are under 18 years of age because the law provides that if either you or the Defendant are under the age of 18, such cases are not open to public inspection and are available only to the Plaintiff, the Plaintiff's attorney, the person under 18 and his or her parent, guardian and attorney.

***Other prior or pending actions.*** If there are any prior or pending actions in any other court between you and the Defendant, please bring any legal papers you have from such actions with you to Tribal Court.

***Financial compensation.*** You may request that a judge order the Defendant to compensate you for any financial losses suffered as a direct result of the harassment. These may include, but are not limited to, lost earnings, out-of-pocket losses for injuries sustained or property damaged, the costs for replacement of locks, medical expenses, or obtaining an unlisted phone number, and reasonable attorney's fees.

#### 2. STATEMENT UNDER OATH.

When you have completed the Petition for Harassment Protection Form fill out the Statement Under Oath on the following pages. Describe the details of the harassment. Fill out the Statement Under Oath even if you are requesting relief after court hours unless a judge directs otherwise.

#### 3. LAW ENFORCEMENT INFORMATION FORM

You must also fill out a Law Enforcement Information Form, which lists your address, telephone number, and related information. You may request that your information be kept confidential.

However, **if you request that the defendant be ordered to remain away from your residence or workplace addresses, those addresses will appear in the Court Order.** If you do not want those addresses to appear in the Court Order and thereby be disclosed to the Defendant, you should specifically request that they be omitted from the Court Order.

The Plaintiff must also fill out the entire Law Enforcement Information Form. Please provide the requested information to the best of your ability in order to identify the Defendant and where the Defendant can be found. If an Order is issued, this information will be used by law enforcement officers to locate the Defendant to deliver the Order.

**MASHPEE WAMPANOAG TRIBAL DISTRICT COURT**

<b>Petitioner(s),</b>	<b>D.O.B.</b>	<b>CASE NO.:</b> ____ - ____ - ____
<b>vs.</b>		<b>PETITION FOR HARASSMENT PROTECTION ORDER</b>
<b>Defendant(s),</b>	<b>D.O.B.</b>	

- I am petitioning for an Order for Protection against "Unlawful Harassment".
1.  I am the victim of "Unlawful Harassment" committed by Defendant, as described in the statement below.
  2.  I am an employee of the Mashpee Wampanoag Tribe.
  3.  I am the parent or guardian, family member or household member of child(ren) under the age of 18 or vulnerable adult and seek to restrain a person age 18 years of age or over from contact with child(ren) or vulnerable adult because contact is detrimental, as described in the statement below.
  4.  The "Unlawful Harassment" took place within the boundaries of the MWT Reservation.
  5.  Petitioner lives within the boundaries of the MWT Indian Reservation.
  6.  Defendant lives within the boundaries of the MWT Indian Reservation.
  7.  Defendant is an employee of the Mashpee Wampanoag Tribe.
  8.  I am a member of the Mashpee Wampanoag Tribe.
  9.  Defendant is a member of the Mashpee Wampanoag Tribe.
  10.  I am a member of a Federally recognized Indian Tribe: \_\_\_\_\_
  11.  MWT Prosecutor.

Identification of minors or vulnerable adults (if applicable, use next page if needed):  No minors or vulnerable adults involved

NAME (First, Middle, Last)	AGE/DOB	RACE (If American Indian, Tribal Affiliation)	SEX

12. Other court cases or other restraining, protection or no-contact orders involving Petitioner, Defendant, minor child(ren) or vulnerable adult(s). Attach additional pages, if necessary:

CASE NAME			
CASE NUMBER			
COURT/COUNTY			

REQUEST FOR TEMPORARY ORDER: AN EMERGENCY EXISTS as described in the statement below. I need a "Temporary" restraining order issued immediately without "Notice" to the Defendant until a "Hearing" to avoid irreparable injury. I request a "Temporary Order for Protection" that will:

<b>I REQUEST AN ORDER FOR PROTECTION following a hearing THAT WILL:</b>	
	RESTRAIN Defendant from making ANY attempts to keep under surveillance, including cyber and electronic surveillance that includes e-mail, text messaging, and any other social media networking sites such as Facebook, Twitter, and Instagram of: <input type="checkbox"/> Me <input type="checkbox"/> the minors or vulnerable adults named in paragraph 5 on page 1.
	RESTRAIN Defendant from making ANY attempts to contact, except for mailing of court documents, <input type="checkbox"/> Me <input type="checkbox"/> the minors or vulnerable adults named in paragraph 5 on page 1.
	EXCLUDE Defendant from ANY place I may RESIDE.
	RESTRAIN Defendant from entering or being within _____ (distance) of my <input type="checkbox"/> Residence <input type="checkbox"/> workplace <input type="checkbox"/> other:
	OTHER:
	REMAIN EFFECTIVE longer than 1 year because Defendant is likely to resume acts of unlawful harassment AGAINST me if the order EXPIRES in 1 year.
	REQUIRE the Defendant to pay the fees and costs of this action.

**Unlawful harassment** means without lawful authority, knowingly threatening:  
 (A) to cause bodily injury immediately or in the future to the person threatened or to any other person; (B) to cause physical damage to the property of another person; or (C) to subject the person threatened or any other person to physical confinement or restraint; or (D) maliciously to do any other act which is intended to substantially harm the person threatened or another with respect to his or her physical or mental health or safety. And, the person by words or conduct places the person threatened in reasonable fear that the threat will be carried out. See *Tribal Law and Order Ordinance, Chapter 2, Section 2.7, Chapter 4, Section 4.5.*

STATEMENT UNDER OATH

The Defendant has committed acts of "Unlawful Harassment" as follows. (Describe SPECIFIC acts of harassment and their approximate DATES, beginning with the most RECENT act. You may want to include Police Responses/ Reports). Attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you request a fee waiver, describe the incident(s) involving stalking, a sex offense, or domestic violence: (Attach additional pages, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the **MASHPEE WAMPANOAG TRIBE** that the foregoing is true and correct.

**DATED** this \_\_\_\_\_ at \_\_\_\_\_, Massachusetts.

\_\_\_\_\_  
**PETITIONER**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
**TRIBAL COURT CLERK**

Keep Address Confidential - You have a right to keep your residential address confidential. You may list an address that is not your residential address where you agree to accept legal documents.  Address you would like your mail delivered: \_\_\_\_\_

\_\_\_\_\_



**LAW ENFORCEMENT INFORMATION**

**Do NOT serve or show this sheet to the restrained person!**  
**Do NOT FILE in the court file. Give this form to law enforcement.**

**Type or print clearly!** This completed form is **required** by law enforcement. This information is **necessary** to serve, enforce and enter your order into the state wide law enforcement computer. Fill in the following information as completely as possible.

Court: MASHPEE WAMPANOAG TRIBAL COURT Case Number:

Domestic Violence  Dissolution/Separation/Invalidity/Nonparental Custody/Paternity  
 Unlawful Harassment  Vulnerable Adult  Sexual Assault

**Restrained Person's Information** (This is the person that you want the court to restrain.)

**Name:** First Middle Last Nickname Relationship to Protected Person

Date of Birth  Male  Female Race Height Weight Eye Color Hair Color Skin Tone Build

Last Known Address Street: City: State: Zip: Phone(s) w/Area Code Need Interpreter? Yes or No Language:

Employer Employer's Address WORK Hours: Phone: ( )

Vehicle License Number Vehicle Make and Model Vehicle Color Vehicle Year Drivers License or ID number State

**Does the restrained person have a disability, brain injury, or impairment requiring special assistance** when law enforcement serves the order?  No  Yes. If yes, describe (continue on back, if needed):

**Hazard Information** Restrained Person's History Includes:  
 Involuntary/Voluntary Commitment  Suicide Attempt or Threats  
 Assault  Assault with Weapons  Alcohol/Drug Abuse  Other:  
**Weapons:**  Handguns  Rifles  Knives  Explosives  Other:  
**Location of Weapons:**  Vehicle  On Person  Residence Describe in detail:  
**Current Status** (Circle Yes, No or N/A.) Is the restrained person a current or former cohabitant as an intimate partner? Y N  
 Are you and the restrained person living together now? Y N Does the restrained person know he/she may be moved out of the home? Y N N/A  
 Does the restrained person know you're trying to get this order? Y N Is the restrained person likely to react violently when served? Y N

**Protected Person's Information** (This is the person you want the court to protect.)

**Name:** First Middle Last

Date of Birth  Male  Female Race Height Weight Eye Color Hair Color Skin Tone Build

If your information **is not confidential**, you must enter your address and phone number(s).

Current Address Street: City: State: Zip: Phone(s) w/Area Code Need interpreter? Yes or No Language:

If your information **is confidential**, you must provide the name, address and phone number of someone willing to be your "contact."

Contact Name Contact Address Contact Phone

If you filed for someone else, list your name, phone number and address:

Minor's Information			Describe the minor's relationship using terms such as: child, grandchild, stepchild, nephew, none. →				Minor's Relationship to Protected Person Restrained Person	
Name: First	Middle	Last	Sex	Race	Birth date	Resides With	Protected Person	Restrained Person

**Victim's Household Members or Adult Children Protected** Name: birth date: Name: birth date: